

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 15, 2009  
Secretary of State**

DOCUMENT# 711744

Entity Name: BELLVIEW BAPTIST CHURCH OF PENSACOLA, FLORIDA, INC.

**Current Principal Place of Business:**

4750 SAUFLEY FIELD RD  
PENSACOLA, FL 325268773

**New Principal Place of Business:**

**Current Mailing Address:**

4750 SAUFLEY FIELD RD  
PENSACOLA, FL 325268773

**New Mailing Address:**

FEI Number: 59-1576624      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

O'BRIEN, ROY D  
6710 WONDERLAKE RD  
PENSACOLA, FL 32526      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: HUBBARD, CHUCK  
Address: 5390 SAUFLEY FIELD RD  
City-St-Zip: PENSACOLA, FL 32526

Title: PD      ( ) Delete  
Name: OBRIEN, ROY  
Address: 6710 WONDERLAKE RD.  
City-St-Zip: PENSACOLA, FL 32526

Title: SD      ( ) Delete  
Name: STAPLES, MARY  
Address: 3285 FENCELINE ROAD  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY D. O'BRIEN

PD

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date